

THE STATE OF DELAWARE
DL-2: Request to Make a Direct Donation

Part I – To be completed by Donor employee–(Must donate equal amounts of sick and annual leave)

Donor's Name _____ Social Security # _____

Agency _____ Work Phone # _____

I hereby donate _____ hours of annual leave and _____ hours of sick leave (**must be equal amounts**) to:

Recipient's Name

Recipient's Agency

I understand that in order to donate leave that I must donate an equal amount of annual leave and sick leave. I understand that my annual leave and sick leave balances will each be reduced by the number of hours donated as indicated above. If requested by the recipient, [☐] you may [☐] may not release my name and donation information to the recipient. [☐] You may [☐] may not contact me if additional hours are needed.

Donors' Signature

Date

Upon completion, please forward to your Supervisor or Division Director.

Part II – To be completed by the donor employee's Supervisor or Division Director

I hereby _____ approve _____ disapprove the donation of leave for the above named employee.

Authorized Signature

Date

Agency

Upon completion, please forward to donor employee's agency personnel/payroll office.

Part III – To be completed by the donor employee's agency personnel/payroll office

I hereby certify the following:

Donor's Name

Donor's hourly rate of pay & date effective

The donor has sufficient annual leave and sick leave hours to cover the donation indicated in Part I.

Authorized Signature

Date

Donor's Agency Address (include SLC)

**Upon completion, please forward to the recipient's personnel/payroll office.
Copy to Timekeeper, if applicable.**

Part IV – To be completed by the recipient employee's agency personnel/payroll office

Check one of the boxes for the action taken on the leave donation covered by this form and complete the information requested to include the appropriate authorized signature.

- ☐ I have attached a copy of a Donated Leave Calculation Worksheet for _____ Recipient's Name
for the pay period ending _____ which has been approved by the recipient's agency.

The Donor's sick leave and annual leave accounts should be charged for the following:

Sick Leave _____ hours Annual Leave _____ hours Paycycle _____

Sick Leave _____ hours Annual Leave _____ hours Paycycle _____

Sick Leave _____ hours Annual Leave _____ hours Paycycle _____

I hereby certify the above information and further certify that the recipient has made application and been approved for receipt of donated leave.

Authorized Signature	Date
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Recipient's Agency Address (include SLC)

- ☐ The recipient has excess leave donations. The donor's leave donation is not needed at this time, please restore the donor's sick and annual leave.

Authorized Signature	Date
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Recipient's Agency Address (include SLC)

Upon completion, please forward to donor employee's agency personnel/payroll office.

Part V – To be completed by donor employee's agency

I hereby certify that the donor's sick leave balance and annual leave balance have been reduced by the following:

Sick Leave _____ Hours Annual Leave _____ Hours

Authorized Signature	Phone Number	Date
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Upon completion, please forward to the recipient's agency personnel/payroll office.